

**Route to
IIT****Mississippi
Affidavit In Support Of
Reservation Indian Income Exclusion From
Mississippi State Income Taxes****Tax Year** _____

Last Name		Your first name & middle initial		Your SSN	
Mailing Address (Number & Street, Including Rural Route)					
City	State	Zip	Residence County Code - See Instructions		

Indian Status (Check One)

- (a) I am a Mississippi Choctaw Indian. ☐ Yes ☐ No
- (b) I am a member or am eligible for membership in an Indian Tribe other than the Mississippi Band of Choctaws. ☐ Yes ☐ No **OR**

Name of Tribe _____

Reservation Residency

- (a) During _____ I lived on the Mississippi Choctaw Indian Reservation for (Check one box ONLY below)

☐ The entire year.

☐ Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec (Circle months lived on reservation)

☐ I did not live on the Choctaw Reservation during _____

- (b) My place(s) of residence on the Choctaw Reservation during _____ was (were) located on (Check one or more boxes below)

☐ A tribal housing site lease.

☐ A Choctaw housing authority house site.

☐ A BIA dormitory or house.

Reservation Income

- (a) During the months I lived on the Choctaw Reservation in _____, I earned the following income from work on the Choctaw Reservation _____

- (b) My employer(s) for my on-reservation work during _____ was (were) the (Check one or more boxes below)

☐ Mississippi Band of Choctaw Indians.

☐ Bureau of Indian Affairs.

☐ Indian Health Service, USPHS.

☐ Other:

Name of Employer _____

Employer's Phone _____

Employer's Address _____

I do hereby claim that the above described earned income falls outside the taxing jurisdiction of the State of Mississippi on the basis of the legal principles established in **McClanahan vs. Arizona Tax Commission**, 411 U.S. 164 (1973).

THIS FORM MUST BE SIGNED. If someone else completed this form, both of you must sign the return. Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete.

Your Signature _____

Date _____

Preparer's Signature _____

Date _____

Mail this form and your State Tax Return to:
Department of Revenue
P.O. Box 23050
Jackson, MS 39225-3050